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2839 2839
PTO/SB/21 (08-00)

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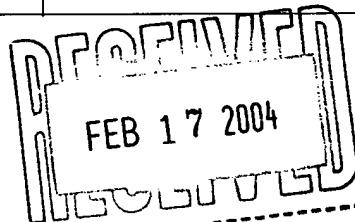
(to be used for all correspondence after initial filing)

		Application Number	09/182,842
		Filing Date	October 29, 1998
		First Named Inventor	Sunny Behl
		Group Art Unit	2839
		Examiner Name	Neil Abrams
Total Number of Pages in This Submission	3	Attorney Docket Number	P-2195.01

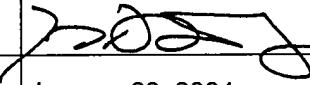
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ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (w/ Recordation (for an Application) Coversheet)	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s) (7 (seven) sheets)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): 1. Return postcard.
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	<input type="checkbox"/> Remarks	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		



SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	James D. Ivey, Reg. No. 37,016 (Cust. No. 24214)
Signature	
Date	January 28, 2004

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date: January 28, 2004

Typed or printed name	James D. Ivey, Reg. No. 37,016 (Cust. No. 24214)
Signature	
Date	January 28, 2004

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FEE TRANSMITTAL for FY 2002

Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 475.00)

Complete if Known

Application Number	09/182,842
Filing Date	October 28, 2004
First Named Inventor	Sunny Behl
Examiner Name	Neil Abrams
Group Art Unit	2839
Attorney Docket No.	P-2195.01

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METHOD OF PAYMENT (check all that apply)

 Check Credit card Money Order Other None
 Deposit Account:

Deposit Account Number	_____
Deposit Account Name	_____

The Commissioner is authorized to: (check all that apply)

- Charge fee(s) indicated below Credit any overpayments
 Charge any additional fee(s) during the pendency of this application
 Charge fee(s) indicated below, except for the filing fee
 to the above identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code (\$)	Fee Code (\$)		
101 740	201 370	Utility filing fee	_____
106 330	206 165	Design filing fee	_____
107 510	207 255	Plant filing fee	_____
108 740	208 370	Reissue filing fee	_____
114 160	214 80	Provisional filing fee	_____
SUBTOTAL (1) (\$)			475.00

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	Independent Claims	Multiple Dependent	Extra Claims	Fee from below	Fee Paid
			-20** =	0 x 9 =	_____
			- 3** =	0 x 42 =	_____

Large Entity	Small Entity	Fee Description
Fee Code (\$)	Fee Code (\$)	
103 18	203 9	Claims in excess of 20
102 84	202 42	Independent claims in excess of 3
104 280	204 140	Multiple dependent claim, if not paid
109 84	209 42	** Reissue independent claims over original patent
110 18	210 9	** Reissue claims in excess of 20 and over original patent
SUBTOTAL (2) (\$)		

**or number previously paid, if greater; For Reissues, see above

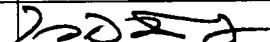
FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code (\$)	Fee Code (\$)		
105 130	205 65	Surcharge - late filing fee or oath	_____
127 50	227 25	Surcharge - late provisional filing fee or cover sheet	_____
139 130	139 130	Non-English specification	_____
147 2,520	147 2,520	For filing a request for ex parte reexamination	_____
112 920*	112 920*	Requesting publication of SIR prior to Examiner action	_____
113 1,840*	113 1,840*	Requesting publication of SIR after Examiner action	_____
115 110	215 55	Extension for reply within first month	_____
116 400	216 200	Extension for reply within second month	_____
117 920	217 460	Extension for reply within third month	475.00
118 1,440	218 720	Extension for reply within fourth month	_____
128 1,960	228 980	Extension for reply within fifth month	_____
119 320	219 160	Notice of Appeal	_____
120 320	220 160	Filing a brief in support of an appeal	_____
121 280	221 140	Request for oral hearing	_____
138 1,510	138 1,510	Petition to institute a public use proceeding	_____
140 110	240 55	Petition to revive - unavoidable	_____
141 1,280	241 640	Petition to revive - unintentional	_____
142 1,280	242 640	Utility issue fee (or reissue)	_____
143 460	243 230	Design issue fee	_____
144 620	244 310	Plant issue fee	_____
122 130	122 130	Petitions to the Commissioner	_____
123 50	123 50	Processing fee under 37 CFR 1.17(q)	_____
126 180	126 180	Submission of Information Disclosure Stmt	_____
581 40	581 40	Recording each patent assignment per property (times number of properties)	_____
146 740	246 370	Filing a submission after final rejection (37 CFR § 1.129(a))	_____
149 740	249 370	For each additional invention to be examined (37 CFR § 1.129(b))	_____
179 740	279 370	Request for Continued Examination (RCE)	_____
169 900	169 900	Request for expedited examination of a design application	_____
Other fee (specify) _____			

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$ 475.00)

SUBMITTED BY		Complete (if applicable)		
Name (Print/Type)	James D. Ivey	Registration No. (Attorney/Agent)	37,016	Telephone (510) 336-1100
Signature		Date	January 28, 2004	

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